

AO 440 (Rev. 06/12) Summons in a Civil Action

PROOF OF SERVICE*(This section should not be filed with the Court unless required by Fed. R. Civ. P. 4(I))*

Case No. 2:20-cv-11358-MAG-APP

This summons for (*name of individual and title, if any*) Martin Potter
 was received by me on (*date*) 5/29/2020

[] I personally served the summons on the individual at (*place*) _____
 _____ on (*date*) _____ ; or

[] I left the summons at the individual's residence or usual place of abode with (*name*) _____
 _____ a person of suitable age and discretion who resides there,
 on (*date*) _____, and mailed a copy to the individual's last known address; or

[] I served the summons on (*name of individual*) _____, who is
 designated by law to accept service of process on behalf of (*name of organization*) _____
 _____ on (*date*) _____ ; or

[] I returned the summons unexecuted because _____ ; or

Other: (*specify*): USPS certified RRR mailed to U.S. Dept. of Justice
regarding Martin Potter

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under the penalty of perjury that this information is true.

Date: 9/09/2020

Wendy Woods
Server's Signature
Wendy Woods, process server
Printed Name and Title

Server's address **Excolo Law, PLLC**
26700 Lahser Rd., Suite 301
Southfield, MI 48033
(866) 939-2656

Additional information regarding attempted service, etc.:

USPS tracking # 7019 2280 0001 3747 3556

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>	
<p>Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p> <p><i>John Doe</i></p> <p>RECEIVED SEP 9 2020</p>			
 <p>9590 9402 4260 8121 1541 96</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 3747 3550</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

DASHWAGT

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

mailed on
8/28/2020

Postmark
Here

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$

Total Postage and Fees
\$

Street and Apt. No./Office Box No.
1950 PENNSYLVANIA AVE. NW
WASHINGTON, DC 20530 - 1001

City State, ZIP/Postal Code

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 2280 0001 3747 3550